Approved for use through 06/30/2010, OMB 0651-0032

Charge any additional fee(s) or undersyments of the control of t	Under the P	aperwork Reduction Act	of 1995, no person are	required to	respond to a collecti	on of informa	mark Office; U.S. DEI ation unless it display	ARTMENT s a valid ON	OF COMMERC IB control numb	
FEE TRANSMITTAL For FY 2009 Applicant claims usual entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (theck att that apply) Check Credit Card Money Order None Other (slesse Identify): Deposit Account Deposit Account None Other (slesse Identify): Deposit Account Deposit Account None Other (slesse Identify): Check Credit Card Money Order None Other (slesse Identify): Deposit Account None Other (slesse Identify): Charge (and additional fee(s) or undernayments of Implementation of Charge Gene) indicated below Charge any additional fee(s) or undernayments of Implementation of Charge Gene) indicated below Charge Gene) additional fee(s) or undernayments of Implementation of Charge Gene) indicated below Charge Gene) indicated below, except for the filing fee Gene Charge Gene) indicated below, except for the filing fee Gene Gene Gene Gene Gene Gene Gene	Effective on 12/08/2004.									
FOR FY 2009 Applicant claims small enity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (5) 670.00 Altoney Doddet No. 2815-0347PUS1 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (states identify): Deposit Account Deposit Account Number 02-2448 Deposit Account Deposit Account Number 02-2448 Deposit Account Number 10 Coleve (states identify): Application Type Payment (check all that apply) Tothage any additional feeloy or underpayments of feelog) under 37 CFR 1.16 and 1.17 FEE CAL CULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES FILING FEES FILING FEES FILING FEES SEARCH FEES	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number		10/566,384-Conf. #5532			
Economic Name Not Yel Assigned Support Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1626	FEE TRANSMITTAL				Filing Date		January 30, 2006			
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TOTAL AMOUNT OF PAYMENT (s) 670.00 Altomop Docket No. 2815-0347PUS1 METHOD OF PAYMENT (check all that apply)	10171 2009				Examiner Name Not Yet Assi			ed		
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Check Credit Card Money Order None Other (glease Identify): Deposit Account Deposit Account Number O2-2448 Deposit Number O2-2448 D	TOTAL AMOUNT OF PAYMENT (\$) 670.00				Attorney Docket No. 2815-0347PUS1					
X Deposit Account Deposit Account Name Q 2-2448 Deposit Account Name Birch, Stewart, Kolasch & Birch, LLP	METHOD OF PAYMENT (check all that apply)									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee(s) indicated below, except for the filing fee(s) indicated below, except for the filing fee(s) indicated below, except fee(s) indicated below	Check Credit Card Money Order None Other (ptease identify):									
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Charge any additional fee(s) or underpayments of X Credit any overpayments	For the	above-identified dep	osit account, the D	Director is	s hereby authorize	ed to: (che	ck all that apply)			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SCAMINATION FEES Small Entity Fee (5) Fee (6) Fee (5) Fee (6) Fee (6										
Filt Fee Small Entity Small Entity Small Entity Fee Small Entity Fee Small Entity Small Entity Small Entity Fee Small Entity Fee Small Entity	FEE CALCU	LATION								
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Plant 220 110 330 165 170 85										
Reissue										
Provisional 220 110 0 0 0 0 0 0	Reissue									
2. EXCESS CLAIM FEEL Fee (S) Fee Fall (S)										
Fee Description Fee (S) Fee (D) Fee (D										
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Multiple dependent claims Total Sheets Tot									26	
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11 20 or HP #P in pipes trumber of total claims paid for, if greater han 20. Indep. Claims Extra Claims Fee (5) Fee Paid (5) #P = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filled sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$2.70 (\$135 for small entity) for each additional 50 sheets of fraction thereof. See 35 U.S. C. 14(a)(10/3) and 37 CPR 1.16(s). Total Sheets Extra Sheets Extra Sheets Mumber of each additional 50 or fraction thereof See 35 U.S. C. 14(a)(10/3) and 37 CPR 1.16(s). Total Sheets Extra Sheets Mumber of each additional 50 or fraction thereof See 50 U.S. C. 14(a)(10/3) and 37 CPR 1.16(s). **Total Sheets Extra Sheets Mumber of each additional 50 or fraction thereof See 50 U.S. C. 14(a)(10/3) and 37 CPR 1.16(s). **Total Sheets Extra Sheets Mumber of each additional 50 or fraction thereof See 50 U.S. C. 14(a)(10/3) and 37 CPR 1.16(s). **Total Sheets Extra Sheets Mumber of each additional 50 or fraction thereof See 50 U.S. C. 14(a)(10/3) and 37 CPR 1.16(s). **Total Sheets Extra Sheets Mumber of each additional 50 or fraction thereof See 50 U.S. C. 14(a)(10/3) and 37 CPR 1.16(s). **Total Sheets Extra Sheets Mumber of each additional 50 or fraction thereof See 50 U.S. C. 14(a)(10/3) and 37 CPR 1.16(s). **Total Sheets Extra Sheets Mumber of each additional 50 or fraction thereof See 50 U.S. 14(a)(a)(b) and 57 CPR 1.16(s). **Total Sheets Fee Paid (\$)	Multiple depen	Multiple dependent claims 390 195								
HP = highest number of total claims padd for, if greater than 20. Index Claims			s Fee (\$)	F	ee Paid (\$)	Paid (\$) Multiple Depen				
1 3 or IPP x The Popleta transfer of Independent claims paid for, If greater han 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 3 °C PR 1.25(e), the application size fee due is \$2.70 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(8)(1)(G) and 37 CFR 1.16(e). Total Sheets Extra Sheets Number of seak additional sof raction thereof ("cound up to a whole number) to the sheet of the sheet o	x ree(s)							ee Paid (<u>\$)</u>	
IPP = Nipotent cumber of independent claims paid for, if greater ham 3. A. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$2.70 (\$135 for small entity) for each additional 50 sheets of fraction theroof. See 35 U.S. C. 14(a)(10)(3) and 37 CPR 1.16(e). Total Sheets	Indep. Claims	Extra Clain	ns Fee (\$)	F	ee Paid (\$)	_			_	
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(eX)(1(g) and 37 CPR 1.16(g). Total Sheets Extra Sheets Number of each additional 50 of raction thereof (round up to a whole number) Fee (\$1	1	3 or HP =	× =							
If the specification and drawings exceed 109 sheets of paper (excluding electronically filed sequence or computer listings under 3° CFR 1.3(e), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(e)(1)(G) and 37 CFR 1.16(e). Total Sheets	HP = highest num	ber of independent claim	s paid for, if greater the	an 3.						
Isiniage under 37 CPR 1.52(e) , the application size fee due is \$2.70 (\$135 for small entity) for each additional 59 sheets of fraction thereof. Set 30 U.S. C.14(s)(1)(5)(and 37 CPR 1.16(s)) Total Sheets										
sheets of fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (5) Fee Paid (5)										
Total Sheets Ediza Sheets Momber of each additional 50 or fraction thereof Fee (5)										
-100 = .750	1									
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge); 1402 Filing a brief in support of an appeal 1251 Extension for response within first month SUBMITTED Signature Registration No. 40,089 Telephone Total 205-80000 Total 205									raiu (a)	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filling surcharge) 1402 Filling a brief in support of an appeal 540.00 1251 Extension for response within first month 130.00									Paid (\$)	
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1251 Extension for response within first month 130,00	Other (e.g.,	late filing surcharge	: 1402 Filing a l	orief in s	support of an ap	peal				
Signature Registration No. (Attorney/Agent) 40,069 Telephone (703) 205-8000			1251 Extension	n for re	sponse within fi	rst month	1	1	30.00	
(Altomey/Agent) 40,009 Teleprone (703) 205-8000	SUBMITTED BY									
	Signature	m				40,069	Telephone	(703) 20	05-8000	
	Name (Print/Type)	MaryAnne Armst	trong, Ph.D.				Date AUU	202	009	